
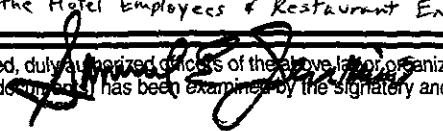


FORM LM-2 LABOR ORGANIZATION ANNUAL REPORT

**MUST BE USED BY LABOR ORGANIZATIONS WITH \$200,000 OR MORE IN
TOTAL ANNUAL RECEIPTS AND LABOR ORGANIZATIONS IN TRUSTESHIP**

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C. 439 or 440.

READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

For Official Use Only 	1. FILE NUMBER 506-961	2. PERIOD COVERED MO DAY YEAR From 01 01 2001 Through 12 31 2001	3. (a) AMENDED — If this is an amended report correcting a previously filed report, check here: (b) TERMINAL — If your organization ceased to exist and this is its terminal report, see Section XII of the instructions and check here: (c) SUBSIDIARY — If this is a report for a subsidiary organization of your union as defined in Section X of the instructions, check here:
	8. MAILING ADDRESS (Type or print in capital letters.) First Name Last Name P.O. Box • Building and Room Number (if any) Number and Street City State ZIP Code + 4		
ISAAC MONROE (2) 506-961 HOTEL EMPL, RESTAURANT EMPL AFL-CIO 310 IU 43 SUITE 201 1130 S WABASH AVE CHICAGO, IL 60605 12/2001 			
4. AFFILIATION OR ORGANIZATION NAME			
5. DESIGNATION (Local, Lodge, etc.)		6. DESIGNATION NUMBER	
7. UNIT NAME (if any)			
9. Are your organization's records kept at its mailing address? (If "No," provide address in Item 75.) Yes <input checked="" type="checkbox"/> No			
75. ADDITIONAL INFORMATION (If more space is needed, attach additional pages properly identified.)			
Item Number	Some old fixed assets were disposed of by donation to charity. Also, some computer equipment was stolen in a burglary of the office in 2001.		
13, 15			
14	International Union audit was performed September 2001.		
16	Isaac R. Monroe, Secretary-Treasurer of the Dining Car Employees Union Local 43, Chicago, IL is also an employee of the Hotel Employees & Restaurant Employees International Union located in Washington, DC.		
Each of the undersigned, duly authorized officers of the above labor organization, declares, under the applicable penalties of law, that all of the information submitted in this report (including the information contained in any accompanying documents) has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See Section VI on penalties in the instructions.)			
76. SIGNED:  3 127 102 (312) 427-4373 Date Telephone Number		77. SIGNED: Isaac R. Monroe 3 127 102 (312) 427-4373 Date Telephone Number	
PRESIDENT (If other title, see instructions.)		TREASURER (If other title, see instructions.)	

During the Reporting Period Did Your Organization:

10. Have a "subsidiary organization" as defined in Section X of the instructions? ☒ Yes ☐ No
11. Create or participate in the administration of a trust or other fund or organization, as defined in the instructions, which provides benefits for members or their beneficiaries? ☒ Yes ☐ No
12. Have a political action committee (PAC) fund? ☒ Yes ☐ No
13. Acquire or dispose of any goods or property in any manner other than by purchase or sale? ☒ Yes ☐ No
14. Have an audit or review of its books and records by an outside accountant or by a parent body auditor/representative? ☒ Yes ☐ No
15. Discover any loss or shortage of funds or other property? Office burglary ☒ Yes ☐ No
(Answer "Yes" even if there has been repayment or recovery.)
16. Have any officer who was paid \$10,000 or more by your organization and also received \$10,000 or more as an officer or employee of another labor organization or of an employee benefit plan? ☒ Yes ☐ No
17. Liquidate or reduce any liabilities without disbursement of cash? ☒ Yes ☐ No

(If the answer to any of the above questions is "Yes," provide details in Item 75 on page 1 as explained in the instructions for each item.)

18. How many members did your organization have at the end of the reporting period? 682
19. What is the date of your organization's next regular election of officers? MO 04 YEAR 2003
20. What is the maximum amount recoverable under your organization's fidelity bond for a loss caused by any officer or employee of your organization? \$ 400,000
21. What are your organization's rates of dues and fees? (Enter a minimum and maximum if more than one rate applies for any line.)

Rates of Dues and Fees	
(a) Regular Dues/Fees	\$ 44.00 per month (Month, Year, etc.)
(b) Initiation Fees	\$ 100.00
(c) Transfer Fees	\$ N/A
(d) Work Permits	\$ N/A per (Month, Year, etc.)

22. During the reporting period, did your organization have any changes in its constitution and bylaws (other than rates of dues and fees) or in practices/procedures listed in the instructions? ☒ Yes ☐ No
(If the constitution and bylaws have changed, attach two new dated copies. If practices/procedures have changed, see the instructions.)
23. Were any of your organization's assets pledged as security or encumbered in any other way at the end of the reporting period? ☒ Yes ☐ No
24. Did your organization have any contingent liabilities at the end of the reporting period? ☒ Yes ☐ No

(If the answer to Item 23 or 24 is "Yes," provide details in Item 75 on page 1.)

STATEMENT A — ASSETS AND LIABILITIES

FILE NUMBER: 506-961

Complete Schedules 1 Through 15 Before Completing Statement A

Enter Amounts in Dollars Only — Do Not Enter Cents

ASSETS	ASSETS	From	Start of Reporting	End of Reporting
	Item	SCH #	Period (A)	Period (B)
	25. Cash		31 746	31 150
	26. Accounts Receivable		0	0
	27. Loans Receivable	1	0	0
	28. U.S. Treasury Securities		0	0
	29. Investments	2	0	0
	30. Fixed Assets	5	25 635	15 896
	31. Other Assets	3	0	0
	32. TOTAL ASSETS		57 381	47 046
LIABILITIES	LIABILITIES	From	Start of Reporting	End of Reporting
	Item	SCH #	Period (C)	Period (D)
	33. Accounts Payable		0	0
	34. Loans Payable	8	69 000	58 000
	35. Mortgages Payable		0	0
	36. Other Liabilities	4	15 000	14 053
	37. TOTAL LIABILITIES		84 000	72 053
38. NET ASSETS (Item 32 less Item 37)		(26 619)	(25 007)	

STATEMENT B — RECEIPTS AND DISBURSEMENTS

FILE NUMBER: 506-961

Complete Schedules 1 Through 15 Before Completing Statement B

Enter Amounts in Dollars Only — Do Not Enter Cents

CASH RECEIPTS	From SCH #	AMOUNT	CASH DISBURSEMENTS	From SCH #	AMOUNT
Item			Item		
39. Dues		357465	56. To Officers	9	75438
40. Per Capita Tax		0	57. To Employees	10	762
41. Fees		0	58. Per Capita Tax		93154
42. Fines		0	59. Fees, Fines, Assessments, etc.		0
43. Assessments		0	60. Office & Administrative Expense	13	58654
44. Work Permits		0	61. Educational & Publicity Expense ...		0
45. Sale of Supplies		0	62. Professional Fees		9925
46. Interest		0	63. Benefits	11	21342
47. Dividends		0	64. Contributions, Gifts & Grants	12	3412
48. Rents		0	65. Supplies for Resale		0
49. Sale of Investments & Fixed Assets	6	300	66. Direct Taxes		32519
50. Loans Obtained	8	0	67. Withholding Taxes		28635
51. Repayments of Loans Made	1	0	68. Purchase of Investments & Fixed Assets	7	533
52. On Behalf of Affiliates for Transmittal to Them		0	69. Loans Made	1	0
53. From Members for Disbursement on Their Behalf		0	70. Repayment of Loans Obtained	8	11000
54. Other Receipts	14	793	71. To Affiliates of Funds Collected on Their Behalf		0
			72. On Behalf of Individual Members ...		0
			73. Other Disbursements	15	23780
55. TOTAL RECEIPTS		358558	74. TOTAL DISBURSEMENTS		359154

If more space is needed to complete Schedules 1 through 8 or 11 through 15, continue on additional pages, using the same column headings used on the schedule, and enter the totals on the line provided for additional pages in each schedule. For Schedules 9 and 10, use the continuation pages provided.

FILE NUMBER: 506-961

Enter Amounts in Dollars Only — Do Not Enter Cents

SCHEDULE 1 — LOANS RECEIVABLE

— NONE —

List below loans to officers, employees, or members which at any time during the reporting period exceeded \$250 and list all loans to business enterprises regardless of amount. (A)	Loans Outstanding at Start of Period (B)	Loans Made During Period (C)	Repayments Received During Period		Loans Outstanding at End of Period (E)
			Cash (D)(1)	Other Than Cash (D)(2)	
1. Name: _____ Purpose: _____ Security: _____ Terms of Repayment: _____					
2. Name: _____ Purpose: _____ Security: _____ Terms of Repayment: _____					
3. Name: _____ Purpose: _____ Security: _____ Terms of Repayment: _____					
4. Totals from additional pages (if any)					
5. Totals of loans not listed above					
6. Totals of Lines 1 through 5	0	0	0	0	0
Enter the Totals from Line 6 in <div style="display: flex; justify-content: space-between; width: 100%;"> ↑ Item 27 Column (A) ↑ Item 69 ↑ Item 51 ↑ Item 75 with Explanation ↑ Item 27 Column (B) </div>					

SCHEDULE 2 — INVESTMENTS

(OTHER THAN U.S. TREASURY SECURITIES) — *NONE* — SCHEDULE 3 — OTHER ASSETS — *NONE* —

FILE NUMBER: 506-961

Description (A)	Amount (B)
Marketable Securities	
1. Total Cost	
2. Total Book Value	
3. List each marketable security which has a book value over \$1,000 and exceeds 20% of Line 2.	
(a) _____	
(b) _____	
(c) _____	
(d) _____	
Other Investments	
4. Total Cost	
5. Total Book Value	
6. List each other investment which has a book value over \$1,000 and exceeds 20% of Line 5. Also list each subsidiary for which separate reports are attached.	
(a) _____	
(b) _____	
(c) _____	
(d) _____	
(e) Total from additional pages (if any)	
7. Total of Lines 2 and 5	0
Enter the Total from Line 7 in _____ Item 29, Column (B)	

Description (A)	Book Value (B)
1.	
2.	
3.	
4.	
5.	
6. Total from additional pages (if any)	
7. Total of Lines 1 through 6	0
Enter the Total from Line 7 in _____ Item 31, Column (B)	

SCHEDULE 4 — OTHER LIABILITIES

Description (A)	Amount at End of Period (B)
1. PER CAPITA OWED	14,053
2.	
3.	
4.	
5.	
6. Total from additional pages (if any)	
7. Total of Lines 1 through 6	14053
Enter the Total from Line 7 in _____ Item 36, Column (D)	

SCHEDULE 5 — FIXED ASSETS

FILE NUMBER: 506-961

Description (A)	Cost or Other Basis (B)	Total Depreciation or Amount Expensed (C)	Book Value (D)	Fair Market Value (E)
1. Land (give location):				
2. Totals from additional pages (if any)				
3. Buildings (give location):				
4. Totals from additional pages (if any)				
5. Automobiles and Other Vehicles				
6. Office Furniture and Equipment & COMPUTER EQUIPMENT	69,821	53,925	15,896	15,896
7. Other Fixed Assets				
8. Totals of Lines 1 through 7	69,821	53,925	15,896	15,896
Enter the Total from Line 8, Column (D) in Item 30, Column (B)				

SCHEDULE 6 — SALE OF INVESTMENTS AND FIXED ASSETS

Description (if land or buildings, give location) (A)	Cost (B)	Book Value (C)	Gross Sales Price (D)	Amount Received (E)
1. COMPUTER EQUIPMENT	2,717	0	300	300
2.				
3.				
4.				
5. Totals from additional pages (if any)				
6. Totals of Lines 1 through 5				
			7. Less Reinvestments	0
			8. Net Sales	300
Enter the Total from Line 8 in Item 49				

SCHEDULE 7 — PURCHASE OF INVESTMENTS AND FIXED ASSETS

FILE NUMBER: 506-961

Description (if land or buildings, give location) (A)	Cost (B)	Book Value (C)	Cash Paid (D)
1. Office Equipment - SCANNER	120	120	120
2. Cellular phones	413	413	413
3.			
4.			
5. Totals from additional pages (if any)			
6. Totals of Lines 1 through 5			
		7. Less Reinvestments	0
		8. Net Purchases	533

Enter the Total from Line 8 in Item 68

SCHEDULE 8 — LOANS PAYABLE

Source of Loans Payable at Any Time During the Reporting Period (A)	Loans Owed at Start of Period (B)	Loans Obtained During Period (C)	Repayment Made During Period		Loans Owed at End of Period (E)
			Cash (D)(1)	Other Than Cash (D)(2)	
1. HERE International Union	69,000	0	11,000	0	58,000
2.					
3.					
4.					
5. Totals from additional pages (if any)					
6. Totals of Lines 1 through 5	69000	0	11000	0	58000

Enter the Totals from Line 6 in Item 34 Column (C) Item 50 Item 70 Item 75 with Explanation Item 34 Column (D)

SCHEDULE 9 — ALL OFFICERS AND DISBURSEMENTS TO OFFICERS

FILE NUMBER: 506-961

(A) Name <small>(List all persons who held office during the reporting period even if they received no salary or other disbursements. Use all capital letters.)</small>		Gross Salary (before taxes and other deductions) (D)	Allowances (E)	Disbursements for Official Business (F)	Other Disbursements (G)	Total (H)
(B) Title <small>(Enter title of officer, such as PRESIDENT or TREASURER.)</small>	Status (C)*					
Last Name: 1. BOYD First Name: DONALD Title: GEN CHAIRMAN Status: C		4543	0	0	0	4543
Last Name: 2. BATEMAN First Name: DWAYNE Title: VICE GEN CHAIRMAN Status: C		4403	0	632	0	5035
Last Name: 3. JENKINS First Name: SAMUEL Title: PRESIDENT Status: C		5737	0	0	0	5737
Last Name: 4. OLIVER First Name: DONNA Title: VICE PRESIDENT Status: C		0	0	200	0	200
Last Name: 5. MONROE First Name: ISAAC Title: SECRETARY - TREAS Status: C		56088	0	3767	0	59855
Last Name: 6. WILLIAMS First Name: REGGIE Title: REPRESENTATIVE Status: C		6610	0	232	0	6842
Last Name: 7. HARRIS First Name: ROGER Title: REPRESENTATIVE Status: C		6935	0	261	0	7196
8. Totals from additional pages (if any)		12,285	0	2,066	0	14,351
9. Totals of Lines 1 through 8		96,601	0	7,158	0	103,759
				10. Less Deductions 28,321		
Enter the Total from Line 11 in Item 56 ➡				11. Net Disbursements 75,438		

*Code for Status (C): past officer — P; continuing officer — C; new officer during the reporting period — N.

(If any officer was not elected at a regular election in accordance with your organization's constitution and bylaws, explain in Item 75 on page 1.)

SCHEDULE 10 — DISBURSEMENTS TO EMPLOYEES

FILE NUMBER: 506-961

(A) Name <small>(List all employees who received more than \$10,000 in total disbursements from your organization and any affiliates. Use all capital letters.)</small>	Gross Salary (before taxes and other deductions) (D)	Allowances (E)	Disbursements for Official Business (F)	Other Disbursements (G)	Total (H)
(B) Position <small>(Enter employee's job title.)</small>					
(C) Name of Affiliated Organization <small>(if applicable)</small>					
1. Last Name First Name Position Name of Affiliated Organization					
2. Last Name First Name Position Name of Affiliated Organization					
3. Last Name First Name Position Name of Affiliated Organization					
4. Last Name First Name Position Name of Affiliated Organization					
5. Last Name First Name Position Name of Affiliated Organization					
6. Totals from additional pages (if any)					
7. Totals for all employees who, during the reporting period, received \$10,000 or less in total disbursements from your organization and any affiliates	1,076	0	0	0	1,076
8. Totals of Lines 1 through 7	1,076	0	0	0	1,076
9. Less Deductions					314
Enter the Total from Line 10 in Item 57 ⇨					10. Net Disbursements 762

SCHEDULE 11 — BENEFITS

FILE NUMBER: 506-961

Description (A)	To Whom Paid (B)	Amount (C)
1. Health & Welfare	United Health Care & Met Life	20,342
2. Death Benefits	Deceased members' beneficiaries	1,000
3.		
4.		
5. Total from additional pages (if any)		
6. Total of Lines 1 through 5		21,342
Enter the Total from Line 6		↑ Item 63

SCHEDULE 12 — CONTRIBUTIONS, GIFTS & GRANTS

Description (A)	Amount (B)
1. Gifts, Flowers, Donations	3,412
2.	
3.	
4.	
5.	
6.	
7. Total from additional pages (if any)	
8. Total of Lines 1 through 7	3,412
Enter the Total from Line 8 in ↑ Item 64	

SCHEDULE 13 — OFFICE & ADMINISTRATIVE EXPENSE

Description (A)	Amount (B)
1. RENT & Electric	13,372
2. Telephone	33,513
3. Office Supplies & Expenses	3,283
4. Insurance	1,021
5. Repairs & Maintenance	5,031
6. Computer Expenses & Postage	2,434
7. Total from additional pages (if any)	
8. Total of Lines 1 through 7	58,654
Enter the Total from Line 8 in ↑ Item 60	

**SCHEDULE 14 —
OTHER RECEIPTS**

Description (A)	Amount (B)
1. Rebates & Voided Checks	793
2.	
3.	
4.	
5.	
6.	
7.	
8.	
9.	
10.	
11.	
12.	
13.	
14.	
15.	
16. Total from additional pages (if any)	
17. Total of Lines 1 through 16	793
Enter the Total from Line 17 in Item 54	

**SCHEDULE 15 —
OTHER DISBURSEMENTS**

Description (A)	Amount (B)
1. Election Expenses	200
2. Bank Charges	608
3. Transportation Expenses & Parking	11,050
4. Dues Refunded & Forwarded	2,414
5. Meetings & Conferences	9,508
6.	
7.	
8.	
9.	
10.	
11.	
12.	
13.	
14.	
15.	
16. Total from additional pages (if any)	
17. Total of Lines 1 through 16	23,780
Enter the Total from Line 17 in Item 73	

ORGANIZATION NAME:
Hotel Empl, Rest Empl AFL-CIO LU 43

ENDING DATE OF PERIOD COVERED:
12/31/2001

FILE NUMBER: 506-961

PAGE 1 OF 1 ADDITIONAL PAGES

SCHEDULE 9 — ALL OFFICERS AND DISBURSEMENTS TO OFFICERS (continued)

(A) Name <small>(List all persons who held office during the reporting period even if they received no salary or other disbursements. Use all capital letters.)</small>			Gross Salary (before taxes and other deductions) (D)	Allowances (E)	Disbursements for Official Business (F)	Other Disbursements (G)	Total (H)
(B) Title <small>(Enter title of officer, such as PRESIDENT or TREASURER.)</small>	Status (C)						
Last Name <u>ANDREWS</u>	First Name <u>ZACHARY</u>		<u>5568</u>	<u>0</u>	<u>409</u>	<u>0</u>	<u>5977</u>
Title <u>REPRESENTATIVE</u>	Status <u>C</u>						
Last Name <u>MIMS</u>	First Name <u>TYREE</u>		<u>6717</u>	<u>0</u>	<u>857</u>	<u>0</u>	<u>7574</u>
Title <u>REPRESENTATIVE</u>	Status <u>C</u>						
Last Name <u>ALLEN</u>	First Name <u>HIAWATH</u>		<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>
Title <u>TRUSTEE</u>	Status <u>C</u>						
Last Name <u>SHELTON</u>	First Name <u>STEPHEN</u>		<u>0</u>	<u>0</u>	<u>200</u>	<u>0</u>	<u>200</u>
Title <u>TRUSTEE</u>	Status <u>C</u>						
Last Name <u>VARGAS</u>	First Name <u>RUTH</u>		<u>0</u>	<u>0</u>	<u>200</u>	<u>0</u>	<u>200</u>
Title <u>TRUSTEE</u>	Status <u>C</u>						
Last Name <u>MACKAY</u>	First Name <u>RAYMOND</u>		<u>0</u>	<u>0</u>	<u>400</u>	<u>0</u>	<u>400</u>
Title <u>TRUSTEE</u>	Status <u>C</u>						
Last Name	First Name						
Title	Status						
Last Name	First Name						
Title	Status						
Totals			<u>12,285</u>	<u>0</u>	<u>2,066</u>	<u>0</u>	<u>14,351</u>

ORGANIZATION NAME: _____

ENDING DATE OF PERIOD COVERED: _____

FILE NUMBER: _____

PAGE ____ OF ____ ADDITIONAL PAGES

SCHEDULE 9 — ALL OFFICERS AND DISBURSEMENTS TO OFFICERS *(continued)*

(A) Name <small>(List all persons who held office during the reporting period even if they received no salary or other disbursements. Use all capital letters.)</small>		Gross Salary (before taxes and other deductions) (D)	Allowances (E)	Disbursements for Official Business (F)	Other Disbursements (G)	Total (H)
(B) Title <small>(Enter title of officer, such as PRESIDENT or TREASURER.)</small>	Status (C)					
Last Name _____ First Name _____						
Title _____ Status _____						
Last Name _____ First Name _____						
Title _____ Status _____						
Last Name _____ First Name _____						
Title _____ Status _____						
Last Name _____ First Name _____						
Title _____ Status _____						
Last Name _____ First Name _____						
Title _____ Status _____						
Last Name _____ First Name _____						
Title _____ Status _____						
Totals						